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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/670,131
Filing Date	September 22, 2003
First Named Inventor	GRANDICS, Peter
Art Unit	1655
Examiner Name	TATE, C.R.
Attorney Docket Number	8036-003-US-3

Total Number of Pages in This Submission 20

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Self-Addressed, Stamped Postcard
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CATALYST LAW GROUP, APC		
Signature			
Printed name	Michael B. Farber, Ph.D., Esq.		
Date	July 11, 2006	Reg. No.	32,612

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Sara Hare	Date	July 11, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT  
10/670,131

July 11, 2006

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Sara Hare  
Name of Person Mailing Paper  
*S. Hare*  
Signature of Person Mailing Paper

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	Examiner: C.R. Tate
	)	
P. Grandics	)	Group Art Unit: 1655
	)	
Serial No.: 10/670,131	)	Docket No.: 8036-003-US-3
	)	
Filed: September 22, 2003	)	Date Mailed: July 11, 2006
	)	
For: METHOD FOR CANCER THERAPY	)	
USING HERBAL EXTRACTS	)	

**RESPONSE TO OFFICE ACTION UNDER 37 § 1.111**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 24, 2006, please amend the above-identified patent application as follows: